Team____2014 MLK Basketball Tournament

	PRINT NAME	SIGNATURE	ADDRESS	CITY/STATE/ZIP	PHONE #	EMAIL
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It is agreed that by signing this roster and participating in this SPAR Event, that I hearby agree to hold The City of Shreveport, Shreveport Public Assembly and Recreation, its staff, officers and employees harmless from any liability or claims for damages for the loss of life or injury or damages to persons or property resulting from the participation in this SPAR event, decribed for any activities conducted associated with the SPAR event. I understand the hazards and dangers invovled in the sport and/or environment and will use my own insurance, if needed.

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